



2014 Adult City Tennis Tournament

Tuesday–Sunday, September 2–7

Winslow Sports Complex, 2800 S. Highland Ave.

The tournament is a single elimination format—two out of three sets, 12-point tiebreaker. Tennis balls are provided at the tournament. Awards are given to champion and runner-up in each division (see entry form on reverse).

Open to all Monroe County residents. This is not a USTA-sanctioned tournament; however, all USTA rules apply. The tournament begins at 5 p.m. Tuesday, September 2. Play continues at 5 p.m. daily through Friday, September 5, with all-day play September 6 and 7.

\$16/singles, \$18/doubles (\$9 per person)

**Register by 8/26. Entry fee payable to City of Bloomington
Parks and Recreation, 401 N. Morton Street, Suite 250, Bloomington IN 47404.**

Send seeding information and reasonable time conflicts with your entry form and payment. We cannot guarantee every time conflict request. The tournament draws will be posted at the Bloomington Parks and Recreation office after 3 p.m. Friday, August 29 and at bloomington.in.gov/parks.



CITY OF BLOOMINGTON
parks and recreation



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Parks and Recreation Department

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2014 Adult City Tennis Tournament—Official Entry Form

Circle the division you wish to enter. An individual may enter one singles event and two doubles events. Please print.

35 & Over Men's Singles (Code 87001-A)

Women's Open Singles (Code 87001-C)

Men's Open Singles (Code 87001-E)

50 & Over Men's Singles (Code 87001-B)

Mixed Doubles (Code 87001-D)

Men's Open Doubles (Code 87001-F)

Name _____

Partner's Name _____

Address _____

Partner's Address _____

City/State/Zip _____

City/State/Zip _____

Phone _____ (H) _____ (W/Cell)

Phone _____ (H) _____ (W/Cell)

E-mail _____

E-mail _____

Age _____

Age _____

The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Signature (parent/guardian if participant is under 18 or under legal guardianship)

Date

Partner Signature (parent/guardian if participant is under 18 or under legal guardianship)

Date

How to Register

Method of Payment:

☐ Cash (do not mail cash) ☐ Check/Money Order

Visa/Mastercard # _____

Expiration Date _____

Signature _____

(required if using credit card)

Make check or money order payable to:
City of Bloomington Parks and Recreation

Pay in person or mail registrations to:
City of Bloomington Parks and Recreation
401 N. Morton Street, Ste. 250, Bloomington IN 47404